

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG - 6 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

193 County Doddard
 Township Pike
 City Advance, Mo. (No.)

Registration District No. 834
 Primary Registration District No. 6097

File No. 25349
 Registered No.
 St. 27 Ward)

2. FULL NAME

William Davis

(a) Residence. No. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) singles

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9 - 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 2 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Retired Rail Road man
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Iowa
 (STATE OR COUNTRY)

10. NAME OF FATHER Sam Davis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iowa
 (STATE OR COUNTRY)

14. INFORMANT V. D. Allen
 (Address) Advance, Mo.

15. FILED 7-10, 1933 V. McKearly
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 1933

17. I HEREBY CERTIFY, That I attended deceased from July 6 1933 to July 8 1933
 that I last saw him alive on July 8 1933 and that death occurred, on the date stated above, at 8 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Stroke Paralysis
 (duration) 8 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. At Home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? primary test
 (Signed) James H. Fletcher, M.D.

7-10 1933 (Address) Advance, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Pleasant Home Cem. July 9 1934
 20. UNDERTAKER Lloyd A Morgan Advance, Mo.

